

Infectious Disease/ Post-Transplant Test Requisition

Patient Information	Client Information
Name (Last, First, MI):	Ordering Physician Name:
Address:	Ordering Physician NPI:
City, State, Zip:	Office/Facility Name:
Patient Phone: Fax:	Client Address:
Patient DOB: Sex:	City, State, Zip:
Patient ID/MRN #:	Client Phone: Fax:
Notes:	Account #:

Additional Physicians To Receive Report Copy

CC Physician Name:	CC Physician Phone:	Fax:
CC Physician Name:	CC Physician Phone:	Fax:

Billing Information

Bill Insurance (Please Attach Copy of Insurance Card or Billing Face Sheet) Bill Client (Invoice will be sent to Client Address Listed Above) Bill Patient

Primary Insurance Company Name: _____ Group # _____ Policy# _____

Medicaid Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____

Relation to Insured : Self Child Spouse Other _____

Secondary Insurance Company Name: _____ Group # _____ Policy# _____

Medicaid Medicare (If Medicare denies payment, patient agrees to be personally responsible for charges.) Signature: _____

Relation to Insured : Self Child Spouse Other _____

Clinical Information

Specimen Type: <input type="checkbox"/> Blood <input type="checkbox"/> Bone Marrow <input type="checkbox"/> Heparin <input type="checkbox"/> EDTA <input type="checkbox"/> Plasma <input type="checkbox"/> Paraffin Block / Slides <input type="checkbox"/> CSF <input type="checkbox"/> Swab <input type="checkbox"/> Other (Specify): _____	ICD-9(Required):
	Clinical Diagnosis:
	Date of Transplant:
Pathology Department Hospital Name:	Date of Specimen Collection: Time:
Pathology Phone: Fax:	Tissue Source:
Notes:	Paraffin Block/ Slides ID:

Infectious Disease PCR Tests

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 3050	BK Virus Quantitative Viral Load, PCR	<input type="checkbox"/> 3350	Influenza 3 Target, Reflex to Subtypes
<input type="checkbox"/> 3090	CMV Quantitative Viral Load, PCR	<input type="checkbox"/> 3352	Influenza 7 Targets
<input type="checkbox"/> 3092	CMV Qualitative (Body Fluids), PCR	<input type="checkbox"/> 3340	Influenza A/B, PCR w/ Reflex Subtypes
<input type="checkbox"/> 3180	EBV Quantitative Viral Load, PCR	<input type="checkbox"/> 3342	Influenza A/B/RSV, PCR w/ Reflex Subtypes
<input type="checkbox"/> 3302	Hepatitis C Genotyping (HGT)	<input type="checkbox"/> 3354	Influenza PCR Subtype Reflex (IFR)
<input type="checkbox"/> 3300	Hepatitis C Quantitative Viral Load, PCR	<input type="checkbox"/> 3700	Respiratory Virus PCR Panel (12 Targets)
<input type="checkbox"/> 3310	HIV RNA Quantitative Viral Load, PCR	<input type="checkbox"/> 3800	Transplant Virology PCR Panel: BK, CMV, EBV
<input type="checkbox"/> 3320	HPV High Risk	<input type="checkbox"/> 3880	VRE (Vancomycin Resistant Enterococci) (vanA/vanB PCR)
<input type="checkbox"/> 4670	IL28B Genotyping (HCV Treatment Response)		

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Molecular Monitoring Tests

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 4042	BAALC RNA Quantitive	<input type="checkbox"/> 4450	FLT3 ITD Mutation, Qualitative
<input type="checkbox"/> 4020	BCR/ABL Kinase Domain Mutations, Qualitative	<input type="checkbox"/> 4460	FLT3 ITD Mutation, Quantitative
<input type="checkbox"/> 4078	BCR/ABL Kinase Domain Mutations, Quantitative	<input type="checkbox"/> 4730	JAK2 V617F Mutation, Qualitative
<input type="checkbox"/> 4083	BCR/ABL Quantitative (Negatives Reflexed to Nested PCR)	<input type="checkbox"/> 4734	JAK2 V617F Mutation, Quantitative
<input type="checkbox"/> 4080	BCR/ABL RNA Quantitation, PCR	<input type="checkbox"/> 4736	JAK2 Mutation Analysis (Exon 12)
<input type="checkbox"/> 4150	CEBPA Mutation Analysis	<input type="checkbox"/> 5010	MPL Mutation Analysis
<input type="checkbox"/> 4250	DNMT3A Mutation Analysis	<input type="checkbox"/> 5080	NPM1 (Nucleophosmin) Mutation Analysis
<input type="checkbox"/> 4400	ERG RNA Quantitative	<input type="checkbox"/> 5850	WT1 RNA Quantitative

Molecular Oncology Monitoring Panels

Test Code	Panel Name	Included Tests
<input type="checkbox"/> 4040	AML RNA Expression Panel	BAALC, ERG, WT1
<input type="checkbox"/> 4030	AML Prognostic Panel	BAALC, CEBPA, DNMT3A, ERG, FLT-3, NPM1, WT1
<input type="checkbox"/> 5040	Myeloproliferative Disease (MPD) Panel	BCR/ABL Quant, JAK2 V617F Quant, JAK2 Exon 12, MPL

Post-Transplant Engraftment (Chimerism) Tests

Test Code	Test Name	Test Code	Test Name
<input type="checkbox"/> 4380	Pre Transplant, Donor (Extraction)	<input type="checkbox"/> 4390	Post Transplant, Sorted Cell Chimerism (Select Antibody Below)
<input type="checkbox"/> 4382	Pre Transplant, Recipient (Extraction)		<input type="checkbox"/> CD3
<input type="checkbox"/> 4386	Engraftment, First Post Transplant		<input type="checkbox"/> CD19
<input type="checkbox"/> 4388	Post Transplant Engraftment (Chimerism)		<input type="checkbox"/> CD33
			<input type="checkbox"/> CD34
			<input type="checkbox"/> Other: